

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING VASCULAR DEMENTIA

the specific	cation of which	·
(check	[X] is attached hereto.	
one)	[] was filed on as App and was amended on (if ap	
	ate that I have reviewed and underst on, including the claims.	and the contents of the above-identified
	olication in any country before our in	ntion was ever patented or described in any invention thereof or more than one year prior to
	ow and do not believe that the inver- merica more than one year prior to	ation was in public use or on sale in the United this application.
informatio		ed States Patent and Trademark Office all entability as defined in Title 37, Code of
	aim the benefit under Title 35, United lapplication(s) listed below:	ed States Code, § 119(e) of any United States
(Provision	al Application Serial No.)	(Filing Date)
		EV132186953US

As a named inventor, I hereby appoint the following attorneys and agents to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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